

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013037

STATE FILE NUMBER

FILED APR 20 1959

Registration District No.

128

Primary Registration District No.

Registrar's No.

389

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WALNUT GROVE TWSP</u>		c. CITY OR TOWN <u>Walnut Grove</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. #2</u>		d. STREET ADDRESS (If outside, give location) <u>0390 Route #2</u>	
Length of stay in lb <u>60 yrs.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>NEWTON</u> Last <u>LONG</u>		4. DATE OF DEATH Month <u>April</u> Day <u>12</u> , Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 19, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Alonzo Long</u>		14. NAME OF HUSBAND OR WIFE <u>Blanch Long</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>500-10-1199</u>	
17. INFORMANT <u>Blanch Long, Walnut Grove, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary congestion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial insufficiency</u> DUE TO (c) <u>Probable infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u> <u>not known</u> <u>not known</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>	
20c. TIME OF INJURY Hour <u>7:30 A.M.</u> Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>7:30 A.M.</u>	
20e. CITY, TOWN, OR LOCATION <u>Ash Grove, Missouri</u>		COUNTY <u>Greene</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>4-8-59</u> to <u>4-12-59</u> and last saw him alive on <u>4-11-59</u> Death occurred at <u>7:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>John F. Melton, D.O.</u>	
22b. ADDRESS <u>Ash Grove, Missouri</u>		22c. DATE SIGNED <u>4-13-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-15-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		23d. LOCATION (City, town, or county) (State) <u>Greene Co., Mo.</u>	
24. FUNERAL DIRECTOR <u>Ralph Thieme, Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-16-59</u>	
26. REGISTRAR'S SIGNATURE <u>Offie E. Melton</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS APR 21 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Lee Mason*

Licensed Embalmer No. 4568

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.